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01762.008300

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Timo ERIKSSON et al.

Application No.: 10/018,804

35 U.S.C. §371 Filing Date: May 22, 2002

Original U.S. Filing Date: December 21, 2001

International Filing Date: June 19, 2000

For: METHOD AND APPARATUS
FOR TREATING HIGH PRESSURE
PARTICULATE MATERIAL

Examiner: J.A. Dillon, Jr.

Group Art Unit: 3651

September 12, 2003

RECEIVED
SEP 17 2003
GROUP 3600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE
TO ELECTION OF SPECIES/RESTRICTION REQUIREMENT

Sir:

In response to the Office Action dated August 12, 2003, please amend the above-identified application as follows:

09/15/2003 CNGUYEN 00000098 061205 10018804

01 FC:1202 36.00 DA

01762.008300



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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Response to Restriction/Election of Species Requirement in the above-identified application.

☐

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	MINUS	25	= 2	x \$9 \$18	\$36.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140/\$280						—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$36.00

☐

°Verified Statement claiming small entity status is enclosed, if not filed previously.

☐

A check in the amount of \$_____ is enclosed including the additional claims fees.

☒

Charge \$ 36.00 (Thirty-six dollars) to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒

Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐

A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.

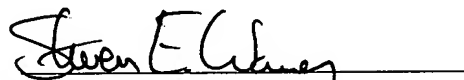
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A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Steven E. Warner

Registration No. 33,326

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